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FACSIMILE COVER SHEET

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| To Examiner: Robert M. Pond | Total Pages Sent: 3 |
| Technology Center 3600 | (including cover sheet) |
| Facsimile Number: (571) 273-8300 | Transmission Date: February 13, 2006 |

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ergo, *et al.* Docket No.: EA-001C1
Serial No.: 10/664,558 Art Unit: 3625
Date Filed: September 17, 2003
TITLE: System And Method For Renting Or Purchasing Digital Media

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted by facsimile to Mail Stop Amendment at the U.S. Patent and Trademark Office at (571) 273-8300 on February 13, 2006:

- Certification of Facsimile Transmission (1 page)
- Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address for Jared Ergo (1 page)
- Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address for Rachel Avery (1 page)

Respectfully submitted,

Kristy Engeldahl

Kristy Engeldahl
Legal Assistant

Confirmation Respectfully Requested

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PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0851-0035
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|--|------------------------|--------------------|
| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/664,558 |
| | Filing Date | September 17, 2003 |
| | First Named Inventor | Ergo et al. |
| | Art Unit | 3625 |
| | Examiner Name | Robert M. Pond |
| | Attorney Docket Number | EA-001C1 |

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I hereby revoke all previous powers of attorney given in the above-identified application.

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OR

☒ I hereby appoint the practitioners associated with the Customer Number:

56225

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
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☐ Firm or
Individual Name

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City

State

Zip

Country

Telephone

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Jared Ergo

Date

2/9/06

Telephone

(972) 580-1342

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/02 (04-05)

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| | Art Unit | 3825 |
| | Examiner Name | Robert M. Pond |
| | Attorney Docket Number | EA-001C1 |

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Rachel Avery

Date

2/9/06

Telephone

(972) 580-1342

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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